

CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | | * | | * | |
|----|----------|------|------------------------|------|------------------------|------|--------------|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | 51 | | | | | | |
| 2 | | | | | | | 52 | | | | | | |
| 3 | | | | | | | 53 | | | | | | |
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| 10 | | | | | | | 60 | | | | | | |
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| 14 | | | | | | | 64 | | | | | | |
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| 18 | | | | | | | 68 | | | | | | |
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| 36 | | | | | | | 86 | | | | | | |
| 37 | | | | | | | 87 | | | | | | |
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| 50 | | | | | | | 100 | | | | | | |
| | | | | | | | TOTAL IND. | | | | | | |
| | | | | | | | TOTAL DEP. | | | | | | |
| | | | | | | | TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Best Available Copy